Standard Form	1 No. 1034– Revise	ed				SAPC.	3116	Copy /	of 3	
Form pr Comptroller Septera (Gen. Reg. No. (Amended Fo	c General U ber 7 At Drov 5, 51, Supp. No. 11) cbruary 20, 1952)	ed For Release	VOUCHER FOR CES OTHER T	PURCHAS HAN PER	SES SONS4-	0360E	R0004	000 <u>7</u> g	923-6	
		Cost Reimbursal	ole					РΔТ	D BY	1
Vossahar Arat	navad at	(Department, bu	reau, or establishment)		*.			IAI	D B1	
· •			(Give place and date	e)			-			
THE UNITED :	STATES, Dr.,	Payce'	's Account No.	627						
To		(Pi	ayce)				-			
		(Address) (City) (State) ARTICLES OR SERVICES					UNIT	PRICE	AMOUNT	
No. and Date of Order	Date of Delivery or Service	(Enter description, it schedule, and of Discount Terms	ther information dee	act or Federal s med necessary)	supply)	QUANTITY -	Cost	Per	Dollars	Cts.
		Fixed Fee			······································				16,390	.00
		~				ļ				
PAYMENT:										
Complete										
Partial Final		11	*******							
hipped from		/	tinuation sheet(s) if ne Veight	Government	B/L No.	1		Total	16,390	.00
I certify that the above bill is correct and just and that payment has not been received. (Payee must NOT					Γuse this	space)				
		(Sign original only)			Differenc	es				
25×	<1A	25	X1A							
Date		required when				nt verified;			16,390	00
Per Contract No. Al	01	Title . Date	Reg. No		(Signa Da	ture or initia		nvoice Rec'o	1	
					<i>D</i> :	ite	11	ivoice Nec (ı.	
		I certify that this account i	is correct and proper	for payment.					4/56)
Approved for \$.	16,390. 0	Marian	SIGN					r)	//	
Ву		1-75	¬—9RIGINAL ONLY	Title	Auth	orized.	Certi	fying	Officer	
FitleCont	tracting Of	ficer	25X1A	Date					25X1A	
		HIS FORM MUST BE EXECUTED W	HEN PURCHASES ARE MAD	e or services sec	CURED WITHOU	UT WRITTEN A	GREEMENT I	N ANY FORM		
	ACCOU	NTING CLASSIFICATION	(Appropriation Syn	abol must be sh	nown; othe	r classificati	ion option	nal)	·	
APPE	ROVED:			0=>(4)4						
				25X1A						
Αp	proving Oi	licer						•		
•									•	
Check 1	No	dated	, 19	, for \$					ne United State	es in
Paid by { Cash, \$, 19				· 	of payee na	med above.	·
	is signed or receipte	d in the name of a company of	or corporation, the nam		Per		(Sign original	only)	**********	
John Doe Company t If the ability to o	y or comporate name. ny, po Alp Offo V certify and authority	d in the name of a company of as well as the capacity in which the capacity in which to approve are combined in a will sign on the line below "A	2000/04/11 one person, one signatu	re only is nec-	DP64-	0360F	₹0004	00070	023-6	
ssary; otherwise the ver his official title	e approving officer v e.	vill sign on the line below "A	pproved for \$, and	110				16-2	2900-3

Standard Form No. 7085—Revised Form prescribed Comptrolly General, U. s. Sept. Approved For Release 2000/02/51 for A-Replace 0.3300 R000400070023-6 (Gen. Reg. No. 61) Supp. No. 11)

Sept. Approved For Release 2000/02/51 for Relea

CONTINUATION SHEET

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES		QUAN- TITY	UNIT PRICE		AMOUNT	
		(Enter description, item number of contract or Federal supply and other information deemed necessary)	dule,		Cost	Per	Dollars	C
		Fixed Fee properly chargeable to Contract AlOL, System II for the period 1/16/55 thru 10/31/55 inclusive	e					
		Fixed Fee				=	\$16,390	.00
		System II						
							•	

Approved Ppr Retease 2000 04/11 RIGIGER BRE4-1998 PROPROPRIO 1400070023-6

LOS ANGELES 45, CALIFORNIA

STATINTL

INTEROFFICE CORRESPONDENCE

To:

CC:

Accounting

DATE:

November 30, 1955

STATINTL

SUBJECT PERCENT COMPLETION OF

PROJECT 5022

FROM:

As of October 31, 1955, Project 5022 was 30% complete.

STATINTL



JET hcp

Approved For Release 2000/04/11 : CIA-RDP64-00360R000400070023-6

SAPC 3/16/A

THE RAMO-WOOLDRIDGE CORPORATION 8820 Bellanca Avenue Los Angeles 45. California

	Talk. Period	00-11-0	
	ETVER PER -	Contract A-101	, System 2
SUBJECT APPROVAL OF	LIVED LUE -		
		• • • • • • • • • • • • • • • • • • •	
ATTENION:			•
IN ACCORDA	ICE WITH Cla	use 4 (c) of the Contract	ntracotr presents
	4 64A	the state of the s	for the
	20L lixed ree	due under the subject contract through 10/31/55 in	the amount of \$ 16,390.00
period 1/16/5			
•			
		- STATE THE CONTRACT \$60.7	704.00
	TOTAL AU	THORIZED FEE PER CONTRACT \$60,7	
and the second s			
各物自守事和家里的会赛老师这是负责各			
ELAPSED TI	ME METHOD	OF COMPLETION METHOD	ON EXPENDITURES Amount of Contract
	7	Project Engineer 4 of Completion 30%	Excluding Fee \$735,803.00
Elapsed Time - Mo	<u>9불</u>	% of Completion 30%	Total Expended
	1 1.06 50	Fotal Fee Earned 18,211.00	-111
Amt. due each Mo.\$_	10 717 61	less 10% H.B. 1,821.00	! Percent of Completion
Total due to date\$	46, 121.02	1 1500 10/0 11/00/	Based on Expenditures
Fee claimed to date	•	Less paymentsO_	32.8%
to and			Percent of Completion Claim based on Expenditures
Less 10% H.B.	-0-	Percent of	S S S S S S S S S S S S S S S S S S S
Less payments	- 0 -	Completion Claim 16,390.00	Less 10% H.B.
	ho 777 67		
Elapsed Time Claim	42, [1].01	Project Engineer Signatur	e —
STATINTL		•	
	Amount of	fee claimed by Contractor for	· period
	1/16/	55 through 10/31/55 \$ 16,3	390.00
		aimed is correct and just, and	that it is proportionate
I certify that the	Tixed iee CT	tract.	
to the progress ma	Ca air aire agri.	S ⁻	TATINTL
			•
		Adjust the Committee of	
		Directo	or Administration and Finance
i		·	

STATINTL

000/04/11 : CIA-RDP64-00360R000400070023-6

Contracting Offices